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RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A SHORT-DURATION COUNTRY PROGRAMME IN ARMENIA*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a country programme with a duration of two years or less that supports activities in a country where a full-length country programme recommendation is under preparation. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Armenia	2 000 000	2 000 000	1993-1994

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

ARMENIA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years) (1989-1990)	1.0 a/
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	35 a/
Underweight (%, moderate and severe	..
Maternal mortality rate (per 100,000 live births) (1989)	35 a/
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$2,150 b/

One-year-olds fully immunized against:

tuberculosis:	.. per cent
diphtheria/pertussis/tetanus:	.. per cent
measles:	92 per cent a/
poliomyelitis:	96 per cent a/

Pregnant women immunized against:

tetanus:	.. per cent

a/ Data from The State of the World's Children 1993.

b/ World Bank data.

The situation of children and women

1. The political and economic turmoil associated with the disintegration of the Soviet Union and the birth of the independent Republic of Armenia on 21 September 1991 added further hardships to a population already hard pressed to cope with the aftermath of the disastrous earthquake of December 1988 and armed conflict with Azerbaijan over the disputed enclave of Nagorno-Karabakh. These events have made hundreds of thousands of refugees and homeless persons dependent on the support of an increasingly impoverished Government.

2. A blockade of Armenia by neighbouring countries, together with ethnic clashes in Georgia, have cut off oil and gas supplies and interrupted normal lines of communications to and from Russia and Armenia's other trading partners among republics of the former Soviet Union. There are few regularly scheduled flights from abroad to the Armenian capital of Yerevan. Thus, this land-locked country of 3.3 million people finds itself isolated, its industry strangled and three quarters of its non-farm workforce idle or jobless. Last winter, the

country faced a full-fledged emergency. It is running dangerously short of essential supplies of food and energy for a swelling number of vulnerable children, women, the aged and infirm. It is estimated that nearly three quarters of the population are living below the poverty line.

The trials of transition

3. Armenia is committed to pursuing a democratic system of Government and a free market economy, but the transition, difficult enough in other parts of the former Soviet Union, is beset by added burdens. Parallel markets are controlled by special interests which deal in high-priced food and consumer goods. Industry is still mainly State-owned, while agriculture is mainly privatized. Safety net provisions are undermined by the economic stagnation that erodes the government taxation base, leaving social security funds in deficit and vulnerable groups, including refugees, seriously underserved. Health care and education remain free, but medicines, vaccines and equipment - all of which must be imported - are scarce or unavailable at affordable prices. Pensions, unemployment relief and benefits for children and the handicapped exist, but payments are often late or below official levels.

4. In October 1992, the Government doubled payments for the 1.3 million dependent children under 18 years of age (500,000 of these aged 0 to 6 years), including refugees. The minimum pension/family relief is 1,200 roubles ($3 at the 1992 exchange rate) per month. Added to this are the child benefits of 410 roubles per month for each of the first two children, and a small addition thereafter. For comparison, 410 roubles would currently buy a child an egg a day for a month and the bread ration for less than two weeks. With production levels down by 80 per cent and the taxes collected greatly reduced, the funds for family benefits and other government budgets are in serious deficit. So far, credits from Russia have made up this and other government deficits. Armenia at present owes Russia some 80 billion roubles.

5. With scarcities of raw materials and energy supplies, the freeing of prices in 1992 simply meant a sharp increase in the prices of available consumer goods. In the first quarter of 1992, the prices of these goods were nearly seven times higher than they were in the first quarter of 1991, and inflation continues at the rate of 20 per cent or more monthly. Bread and a "basket" of basic consumer items are rationed at controlled prices. Eighty per cent of the population live in rent-controlled government housing. Even so, the current minimum individual income of 1,200 roubles (well below the State Statistics Office "survival level" for October 1992 of 2,624 roubles) is not enough to make ends meet. Families now spend three fourths of their income on essential food items.

6. According to the mayor of Spitak, a town devastated by the 1988 earthquake, many impoverished people simply do not pay their taxes, rent and utility bills, which, in turn, reduces the aid capacity of the municipality, reflecting the problem of the Government in miniature. Only one of the town's factories is still in operation. Only 15 per cent of the post-earthquake reconstruction promised by aid from Russia and other republics has been completed. The sight of half-finished buildings and idle machinery is common in Armenia. The main element of a $30 million World Bank programme being negotiated is intended for the completion of construction that is well advanced, but halted for lack of materials and fuel.

The food shortage

7. In the best of times, Armenia used to import from other republics of the former Soviet Union up to 60 per cent of its meat and dairy products, and a significant percentage of wheat for bread, the dietary staple, and for cattle feed. Eighty per cent of state farms and collectives have been privatized, the highest rate in the former Soviet Union, but farmers do not have fuel for machinery and transport to markets, fertilizers, cattle feed and other essential inputs. Nevertheless, the rural population in heavily urban Armenia is generally better-off in terms of food, heating (by wood fuel) and income than their urban population.

8. According to the Ministry of Agriculture, the country needed to import three quarters of its total 1992 wheat needs, or some 930 000 metric tonnes. Mainly because of the blocked supply lines, at the end of 1992 there was a shortfall of wheat supplies on the order of 400,000 metric tonnes. Cattle were slaughtered wholesale by farmers who had no feed to get them through the winter. In the past year, donors have provided modest amounts of powdered milk for schools, hospitals, institutions for the handicapped and the elderly. With the food situation deteriorating, the Ministry of Labour and Social Affairs proposed to open public kitchens to serve free meals to the neediest during the winter, mainly pensioners.

Effects on mothers and children

9. Obviously, the lowering of Armenians' nutrition level affects children and mothers in particular. A declining trend in breast-feeding also has affected infant nutrition. Today, only 40 per cent of mothers breast-feed their children until the fourth month of age. In the earthquake zone, the percentage of mothers who breast-feed their children is reported to be even lower. Children from these areas, as well as refugee children, also suffer from depression, emotional disturbances and traumatic neuroses due to the nightmarish experiences they have endured. Diarrhoea and upper respiratory ailments are the most prevalent health problems among children.

10. Progressive social legislation provides generous entitlements to employed women. As of 1991, women are entitled to 72 days paid leave before and 56 days after giving birth. They also can take a two-year leave at half pay and a further year without pay and still reclaim their jobs. "Idle" workers whose factories have closed down for lack of energy or raw materials are entitled to two thirds of their pay, although they do not always receive it. Refugees, whose pensions and benefits were the responsibility of Azerbaijan, are given the same entitlements as Armenian citizens.

Refugees and earthquake victims

11. Armenia now shelters nearly 300,000 refugees who fled the violence in the Nagorno-Karabakh region. This number represents some 10 per cent of the country's population. The majority of the refugees came in 1988, joined by another influx of 40,000 in 1991. The State Committee for Refugees considers that 71,000 refugees live in very poor conditions in community buildings and temporary shelters without heat, adequate winter clothing, blankets and bedding. During the winter months, when temperatures fell to -20 degrees Centigrade, many

children and elderly people died of malnutrition and the cold. Relief for the refugees is being provided by the Federation of Red Cross Societies and the Armenian Red Cross, in cooperation with the Government. The Federation has built a warehouse facility of more than 1,000 square metres for the Armenian Red Cross (potentially available for UNICEF too), and the Ministry of Transport is providing trucks for distribution.

12. Armenia also must provide assistance to thousands of people who are still in need of housing after the 1988 earthquake, in which approximately 25,000 people died, 32,000 were injured and 500,000 became homeless. Twenty per cent of the Republic's housing was destroyed, along with hundreds of schools and health facilities, 130 manufacturing plants and numerous agricultural processing units. The total loss has been estimated at billions of dollars. The disastrous earthquake has set Armenia's economic development back by many years.

A health system stretched to the limit

13. Armenia's health system has long been rated as good, although not up-to-date with medical advances in western countries. An enrolment rate in medical schools of 1,600 per year is swelling the doctor-patient ratio. Because two thirds of the population is urban, there are few village or rural health units. In 1990, a total of 168 outpatient units and polyclinics were available for children.

14. Infant mortality is caused mainly by asphyxia at birth because of poor case management at delivery and other perinatal problems, which may be minimized by the improvement of screening procedures to identify high-risk pregnancies and by better care during pregnancy and delivery. Neonatal tetanus disappeared 20 years ago owing to institutional deliveries and immunization.

15. Immunization levels in 1989 were reported as 96 per cent for polio, 92 per cent for measles and 88 per cent for combined diphtheria/pertussis/tetanus. The power cuts affect both cold-chain and sterilization equipment, especially at the 2,820 immunization delivery points. Freezers, cold boxes and vaccine carriers are not available anywhere. Twelve cases of poliomyelitis were reported in 1990, where previously none had been reported. Stocks of vaccines are low and must be replenished to maintain standards. There have been no significant outbreaks of other vaccine-preventable diseases, but the immunization programme is still fragile because of natural and man-made disasters, and the system requires vigilance. No cases of acquired immune deficiency syndrome have been recorded.

16. Acute respiratory infections (ARI) and diarrhoeal diseases are the most frequently reported health problems for young children. Oral rehydration salts are used, but they are in short supply. Salmonella and dysenteric infections among the young constitute an important public health problem. Endemic goitre and anaemia caused by iron deficiency have been recorded in a number of mountain districts. A team from the United States Center for Disease Control and Prevention is currently monitoring child nutrition.

17. Foreign aid agencies regard the Ministry of Health as the most efficient arm of the Government, an estimation borne out in the practical cooperation the Ministry of Health has offered to UNICEF. But the health network suffers from

the nationwide lack of fuel and energy; the economic blockade that cut off essential supplies; the added burden of refugee requirements; the isolation from technical progress; and the inadequacy of managerial systems that plague the rest of Armenian public life.

The situation of women

18. There are very few Armenian non-governmental organizations (NGOs). The Women's Council of Armenia began in 1987 as an NGO, and has since acquired parastatal status, with 48 branches. It monitors the status of women in difficult circumstances, such as widows and single parents with large families, and maintains a list of the neediest cases, including refugees. The Council lobbies for women's rights, notably, the adoption by the Government of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women and the United Nations Convention on the Rights of the Child. It will play a lead role in 1994, which has been designated by the United Nations as the Year of the Family.

19. A new constitution was to be presented to Parliament in January 1993, and the President of Armenia has confirmed his desire to have the Convention ratified as soon as possible.

20. Women bear a heavy load in Armenia. Although one half of the people completing higher education are women, nearly three quarters of the unemployed non-farm workers are women. The problems of caring for their families in the face of reduced incomes, shortages of affordable food and the cold of unheated homes takes its toll in stress and illness. The closing of the schools in winter has meant leaving the children of working women unattended, without the activities organized in summer.

21. Armenian women have limited access to contraceptives and little information on family planning. No United Nations Population Fund (UNFPA)-assisted programme has been initiated. There is a high rate of abortions, but the general abundance of medical staff has succeeded in keeping maternal mortality rates fairly stable. The fertility rate is 2.6 children per woman.

22. Women have less parliamentary representation now than before independence. There are only seven women deputies in the 260-member Parliament, compared to 30 per cent in the legislature when Armenia was a Soviet republic.

The education sector

23. Armenia had the highest percentage of university graduates among the republics of the former Soviet Union. The education sector continues to function, although it is severely affected by the ongoing crises. Attendance at primary and secondary schools is compulsory and enrolment is 100 per cent of the age-group. The enrolment rate for kindergarten is 40 per cent. Lack of fuel for heating has forced authorities to close public schools as of 15 December 1992 for three months; instead, pupils will spend the summer months in school. The shortage of food already affect student performance, the Ministry of Education reports, and one half the pupils between 3 and 17 years of age are suffering from varying degrees of psychological stress due to this and other factors. Education is free, but supplies are not. Textbooks and

notepads, traditionally imported from Russia, can make a significant dent in the family budget. There are no school lunches or snacks, where previously they were free or subsidized. Where refugees are concentrated, schools have been on a double shift. Teacher's salaries of between 1,000 and 2,000 roubles per month are below the poverty line.

Other constraints

24. Electricity is provided for between 8 and 12 hours per day, depending on the district. This affects social institutions, hospitals, health care centres and clinics, as well as homes, offices and enterprises. The institutions that have generators often cannot find or afford the necessary fuel. Lines of customers queuing for bread were a common sight until rationing (250 grams per day per person) was introduced in November 1992. Crowds waiting for buses, which now operate at one half of their normal frequency due to the scarcity of fuel, are seen everywhere in the capital. Along highways in the country, people try to flag down the few passing cars.

25. Such frustrations have disillusioned the populace with the political process. Opinion polls show that 70 per cent do not support any party. Some 21,000 persons emigrated in 1991, and the exodus continues. Armenia has the advantage of being a homogeneous society, with no significant dissident or minority elements. The internal political and social scene is relatively stable.

Emergency relief needs for children and mothers

26. As conditions for vulnerable groups in Armenia continued to deteriorate, the United Nations Department of Humanitarian Affairs requested UNICEF and other United Nations agencies (the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations) in November 1992 to provide humanitarian aid and relief items on an emergency basis. UNICEF, in response to the emergency, aims to assist at least some of the 500,000 children in the country between 0 and 6 years of age, as well as pregnant women. Refugee children from the Nagorno-Karabakh conflict total 17,500, who are being given priority, together with 3,000 orphans and several thousand single-parent families still suffering from the aftermath of the 1988 earthquake. There are immediate needs for blankets, clothing, weaning food, vaccines, syringes and needles and essential drugs for hospitals and maternities, as well as emergency kits for rural polyclinics and outpatient clinics. These needs were identified in consultation with officials from the Ministries of Health, Labour and Social Security and Education and the Women's Council and staff of aid agencies at work in Armenia.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Emergency maternal and child health	1 100	800	1 900
Health and nutrition	400	500	900
Education	150	600	750
Research, monitoring and evaluation	100	100	200
Programme support	250	-	250
Total	2 000	2 000	4 000

27. The main thrust of the first programme of cooperation between UNICEF and Armenia will be to prevent any deterioration in the survival and development prospects of children in this period of rapid political, economic and social transition. A priority will be to protect the considerable advances made in the fields of child health and education, and to bolster the social infrastructure where it appears weakest. Assistance will be carefully targeted to reach the most vulnerable children - victims of conflict, of poverty or of the devastating earthquake, which left 15 per cent of the population homeless in 1988. Underlying the programme thrust is a belief that the principle of a "first call" for children is inherent in Armenian society, and that modest amounts of well-focused assistance, delivered in close cooperation with national and international partners, will lead to the realization of the programme targets.

28. To begin with, the programme will employ an emergency strategy. Every year, Armenia is gripped by a severe winter, which is at its coldest between December and March. With an almost total absence of heating fuel, a serious shortage of food and insufficient money in most families for warm clothing, the very survival of vulnerable children is threatened. Therefore, the initial phase of the programme will aim at preventing death and disease, primarily among children under five years of age, in the populations most at risk. Working with partners and appropriate distribution networks, the emphasis will be on ensuring that supplies of baby food, essential drugs, vaccines and winter clothing reach the children who are in greatest need.

29. The early urgent assistance phase will be followed by work in laying the basis for longer-term cooperation in child development. Of particular importance will be the undertaking of action-oriented research to determine the exact nature of the causal factors underlying the main health and social problems affecting children in the country. This will not only establish the

basis for a more development-oriented programme of cooperation in the future, but will also have the effect of orienting the public health system and social services in general towards the kind of low-cost, but highly effective, interventions advocated world wide by UNICEF. Closely related to this will be the promotion of systems to monitor the changing conditions of children and how they are affected by the economic, political and security situations. A central focus of the programme in the bridging phase will be support for the development of a national programme of action with clearly defined goals and priorities, as well as the identification and mobilization of the necessary human, financial and institutional resources which will be required for implementation.

30. The effective implementation of the new programme will require close collaboration with other agencies and development organizations, particularly with the Office of the new United Nations Coordinator in Yerevan, where UNICEF staff will be based, and also with WHO. National and international NGOs will also play important supporting roles.

Health and nutrition

31. Quality and coverage of maternal and child health (MCH) services. Assistance in MCH will begin with an immediate provision of essential supplies to alleviate serious shortages, with the aim of reaching 50,000 children under five years of age. Pre-packed emergency drugs and medical supplies will be airfreighted to Armenia to help combat the immediate threats to their survival and to sustain basic MCH services. Distribution will be coordinated by the Ministry of Health, with priority going to areas where refugees, displaced persons, earthquake victims and other high-risk groups are concentrated. Meanwhile, a longer-term distribution plan for essential drugs and basic medical supplies will also be put into place to respond to future needs. Support will be provided to the Ministry of Health and to the Department of Living Standards and Social Problems of the State Statistical Administration to carry out ongoing monitoring of the nutritional status of displaced and refugee children. The availability and use of basic health services by these "at-risk" groups will also be monitored, and assistance for regular testing of the quality of the water supply in emergency areas will also be provided.

32. In order to reduce child mortality and morbidity, operational studies will be carried out on the quality and coverage of selected services in Armenia, with a view to improving outreach and effectiveness. Among these will be the case management of respiratory infections and diarrhoeal diseases, as well as the prevention of anaemia and iodine deficiency disorders (IDD). The studies will lead to the development of practical action plans to control these health problems and to improve the quality and accessibility of services. UNICEF will provide technical assistance, in close cooperation with WHO. Other areas of collaboration with WHO will include support for training seminars, exchange visits with other countries facing similar problems and policy reviews on the expanded programme on immunization, the control of diarrhoeal diseases, ARI, safe motherhood and family planning. The improvement of the management information system will also be supported, particularly in terms of monitoring progress towards the goals of the World Summit for Children.

33. Immunization. Vaccination coverage has traditionally been high in Armenia. However, stocks of measles and polio vaccines are expected to run out in 1993,

and assistance will be provided to replenish these antigens in order to sustain coverage above 90 per cent of children under one year of age. This is particularly important in view of the reappearance of polio and diphtheria in 1990. While the upgrading of sterilization practices is a major concern, disposable syringes and needles will also be provided to ensure the continuous operation of sterilization equipment, despite power losses. Problems with the cold chain relate primarily to the frequent outages of electricity and the lack of cold boxes and vaccine carriers. A full assessment will be carried out during the programme period in order to clearly identify the precise areas which require improvement.

34. Breast-feeding. The rate of breast-feeding at four months of age has progressively decreased from 64 per cent in 1988 to 48 per cent in 1991. The main contributing factors cited by health professionals and women's leaders to explain this negative trend include the aftermath of the earthquake, the economic depression, the constant stress induced by the day-to-day difficulties of life and inadequate maternal nutrition. The 1993-1994 programme will concentrate on developing a positive attitude towards breast-feeding among health workers and public opinion leaders so that they may, in turn, pass on knowledge of the benefits of breast-feeding to mothers through the "baby-friendly" hospital initiative and other methods.

35. Safe motherhood. Abortion is practised widely as a family planning method in Armenia; contraceptives are not readily available, and none were purchased in 1992. This situation frequently leads to infertility and other gynaecological and obstetrical complications. During the course of the programme, a collaborative project will be worked out with UNFPA to study the situation more closely and to develop appropriate courses of action to address the situation.

36. Health education. To ensure that all families are equipped with the basics of primary health care, Facts for Life messages will be translated into Armenian and disseminated through health and educational institutions, the media and other channels. In this regard, UNICEF will support training seminars for health professionals, teachers and media personnel for the development of appropriate communications strategies.

37. Research. To enable the formulation of medium- and long-term development strategies for children, particularly in terms of reaching the goals of the World Summit for Children and implementing the Convention on the Rights of the Child, selected studies need to be undertaken in a number of areas to determine the underlying causes of various phenomena, patterns and trends of occurrence and identification of high-risk groups and geographical zones. The areas which need investigation include the incidence and causes of maternal mortality; abortion and the reproductive health of women; the epidemiology of main childhood infectious diseases, such as ARI, dysentery, poliomyelitis, diphtheria, measles and brucellosis, as well as IDD in endemic districts; the nutritional status of children affected by the emergency situation; and knowledge, attitude and practice studies on breast-feeding and family planning. UNICEF will work with both national and international agencies and research institutions, as appropriate, in the collection, analysis and use of information in these and other areas of concern.

38. Alleviation of post-traumatic stress syndrome. An estimated 50 per cent of schoolchildren in Armenia suffer from stress and depression brought on by the following factors: (a) the earthquake; (b) the conflict in Nagorno-Karabakh; (c) the conflict in the border areas; (d) the prevailing social, political and economic instability of the country; and (e) the insufficient availability of food. In order to address this situation, the Ministry of Education, in cooperation with the Department of Psychology at the State University, is proposing a national programme to alleviate the worst aspects of post-traumatic stress and depression among the more than 300,000 children who are believed to be affected.

39. It is planned to test schoolchildren scientifically, using an internationally developed protocol. This will reveal where counselling centres need to be established and what other kinds of interventions need to be made. It is envisaged that the wide-scale training of teachers and parents will take place and that the media, health professionals and psychologists will be mobilized to participate actively in the programme. The experience already gained in psychotherapeutic centres attached to schools in the earthquake zone will be valuable in developing the expanded programme.

40. UNICEF will provide a consultant to advise the Government on the development of the programme as well as equipment and appropriate software for processing data.

Education

41. Apart from the lack of heating fuel and the shortage of food and basic commodities, the blockade has also led to a shortage of textbooks, notepads and other classroom materials in the school system. Paper for these requirements normally comes from Russia, but because of the blockade, there is expected to be a substantial shortfall in essential learning and teaching materials in the next school year. Added to the other conditions of adversity, overall educational standards and student performance will be affected even further unless the problem is quickly addressed.

42. UNICEF will provide assistance for the provision of learning and teaching aids and other classroom materials to benefit approximately 300,000 preschool and primary schoolchildren.

Consultations with the donor community

43. A large number of aid agencies are represented in Armenia, and UNICEF has had consultations with most of their delegations or visiting groups. Previous reports prepared by UNHCR, WHO, WFP and the United Nations Development Programme were taken into consideration in the preparation of this recommendation. Future collaboration with other United Nations agencies is envisaged under the umbrella of the new United Nations coordinator leading the United Nations delegation in Armenia.

44. Large aid programmes have been initiated by the European Community; the United States Agency for International Development; the International Federation of Red Cross and Red Crescent Societies; and the national Red Cross Societies of France, the United Kingdom of Great Britain and Northern Ireland, Germany, the

Netherlands and Switzerland; the Cooperative for American Relief Everywhere, Inc. (CARE); the United States Peace Corps; Médecins sans frontières (Doctors Without Borders); Save the Children Fund (United Kingdom); Project Hope; the Governments of Canada, Denmark and Sweden; the Armenian Church in several countries; and others. Consultations continue in order to avoid duplication and to strengthen complementarity of programme components. Areas of joint activities have been identified. Future UNICEF missions, as well as local office operations, will emphasize this cooperation. The regular exchange of views and experience on logistics, supply lines and transport facilities will continue to take place, since Armenia's blockade has isolated its territory from neighbouring countries and the rest of the world.

Organizational and administrative structure

45. UNICEF activities and staff will be fully integrated into the new United Nations system, headed by the United Nations coordinator. Modalities of operational assistance within the United Nations system will be further determined in 1993, when the United Nations office will be fully functioning in Yerevan. One UNICEF international Professional, two national officers, one administrative and finance assistant, two secretaries and one driver will implement and monitor the two-year bridging operation. They will liaise with other United Nations agencies and donors to ensure close cooperation in sectors of mutual interest. Initially, UNICEF will also use the network of the Armenian Red Cross/Red Crescent to distribute relief supplies to refugee children and displaced persons. The Ministry of Social Security and the Women's Council will also be involved selectively in aid distribution. It can be expected that the UNICEF programme staff will need temporary strengthening during the programme preparation and implementation of the next cycle of cooperation. The country programme will be of a more regular nature once a basic agreement on cooperation between the Government of Armenia and UNICEF is signed. For the 1993-1994 programme of cooperation, costs for support staff will be covered by resources available for programme activities which are included in the sectoral breakdown of expenses.